

Family Medical Leave Act (FMLA) Request

It is essential that this form be fully completed. Forward completed form to the Civilian Intelligence Personnel Office (CIPO) upon first and second level supervisory concurrence.

Part A. Employee Information

Name: _____ SSN: _____

Title/Series/Grade: _____

Activity/Command/Org Code: _____ Phone Number: _____

Supervisor: _____ Phone Number: _____

Part B. Requested Dates

Beginning Date: _____ Ending Date: _____

Part C. Type of Leave Requested

____ Annual Leave ____ Hours Requested

____ Sick Leave ____ Hours Requested

____ Leave Without Pay (LWOP)* ____ Hours Requested

* (LWOP for more than 30 consecutive days requires a Request for Personnel Action (RPA). Please see your Activity/Command HR Liaison to initiate

Part D. Reason for Leave

____ Birth of a child and/or to care for that child/Placement of a child for adoption or foster care with myself

____ To care for my spouse, son, daughter or parent with a serious health condition

____ A serious health condition that makes me unable to perform the functions of my job

Part E. Employee Certification and Signature

I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification. I agree to return to work on dated indicated in Part B, if circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor by submitting a notice to my supervisor. I understand my benefits will continue during my leave and I must arrange to pay my share of applicable premiums for any nonpay periods in excess of 30 days, by contacting the Department of Navy, Civilian Benefits Center at 1-888-320-2917. Falsification on this form may be grounds for disciplinary action, including removal.

Employee Signature: _____ Date: _____

Part F. First Level Supervisory Certification

As the supervisor of the employee listed above, I am aware that the employee has applied for leave under the Family Medical Leave Act leave. I understand that any leave taken must also be documented against the FMLA accrual. I will notify the Civilian Intelligence Personnel Office (CIPO) immediately if I become aware of any changes to the information above. Supervisors shall annotate FMLA leave usage on the employee's time card, coding assistance can be obtained from your activity/command payroll customer service representative.

_____ Concur

_____ Not Concur

Reason for non-concurrence: _____

Signature

Date

Printed Name (Please Print)

Part G. Second Level Supervisory Certification

As the supervisor of the employee listed above, I am aware that the employee has applied for leave under the Family Medical Leave Act leave. I understand that any leave taken must also be documented against the FMLA accrual. I will notify the Civilian Intelligence Personnel Office (CIPO) immediately if I become aware of any changes to the information above.

_____ Concur

_____ Not Concur

Reason for non-concurrence: _____

Signature

Date

Printed Name (Please Print)

Part H. Civilian Intelligence Personnel Office (CIPO) Certification

Authorized _____

Not Authorized _____

Reason for Non-authorization: _____

Signature of Authorizing Official

Date

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CIPO Use Only:

Date Received: _____

Authorization Notification Date: _____

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons: • For incapacity due to pregnancy, prenatal medical care or child birth; • To care for the employee's child after birth, or placement for adoption or foster care; • To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or • For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions; the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to: • Interfere with, restrain, or deny the exercise of any right provided under FMLA; • Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Medical Documentation

Employees shall use the Certification of Health Care Provider-Employee form (WH 380E) for a self medical emergency or the Certification of Health Care Provider-Family form (WH 380F) for a family member medical emergency.